Washington State Department of Health



Strategic Priorities Update: Tobacco Prevention and Control Plan for Washington State

December 2004

Overview

In late 2003, the Washington State Department of Health Tobacco Prevention and Control Program convened more than 40 tobacco prevention partners to begin a yearlong, inclusive process to reevaluate the strategic direction for the tobacco prevention and control movement in Washington State.

The group was charged with updating the 1999 Tobacco Prevention and Control Plan for Washington State. That plan was developed by the Tobacco Prevention and Control Council, a group of public health experts led by Secretary of Health Mary Selecky, following the Master Settlement Agreement with major tobacco companies in 1998.

The council recognized the need to build and sustain capacity for tobacco prevention and control across four broad goal areas:

- Preventing youth from initiating tobacco use.
- Increasing tobacco cessation.
- Eliminating exposure to secondhand smoke.
- Identifying and eliminating tobacco-related disparities in high-risk groups.

The 1999 plan formed the foundation for the activities of the newly expanded Tobacco Prevention and Control Program (Tobacco Program). The plan was initially updated in 2000 to reflect changing funding conditions, but its guiding principles, goals, and strategic direction remained at the core of tobacco prevention and control work in Washington State.

This recent effort, which began in November 2003, was the first review and update of the *strategic* elements of the original plan. The framework and principles of the 1999 plan were left intact, with minor clarifications. The partners assessed all statewide tobacco prevention activities and resources, and made recommendations based on changing trends in tobacco use, policy gaps and opportunities, and lessons learned from the first four years of program implementation.

This report provides an overview of strategic priorities that will guide the Department of Health's Tobacco Program and other organizations providing statewide resources and activities over the next three to five years.

Planning Process

The Department of Health carried out a comprehensive planning process that included two meetings of a core planning group and two Internet-based surveys to gather information from more than 150 stakeholders and partners. The process focused on updating the existing plan, and expanding its scope to all organizations providing statewide resources and activities.

The planning group of more than 40 members (see back cover for a list of participating organizations) met in November 2003 and again in September 2004. The group received briefings on tobacco-use data trends, tobacco industry activities, and policy changes. The group divided into four work groups,

each focusing on one of the major goal areas. The group addressing the goal of reducing tobacco-related disparities focused on building and sustaining tobacco prevention and control capacity to achieve success across all four goal areas.

Each work group:

- Identified themes and grounding assumptions.
- Determined priority tobacco prevention and control outcomes and strategies for the next three to five years.
- Identified audiences to help put the strategies into practice.

Guiding Principles

In 1999, the Tobacco Prevention and Control Council established six overarching principles to guide implementation of Tobacco Prevention and Control Program activities. During 2004, the core planning group reviewed these guiding principles, resulting in the addition of two new principles, and slight modification of another. Additional principles or those that were modified from the original have footnotes.

- 1. Tobacco prevention and control activities will be guided by research and data.¹
- 2. All program activities will be consistent with the goals for tobacco prevention outlined by the national Centers for Disease Control and Prevention.
- 3. Tobacco prevention funds within the plan will be kept as flexible as possible.
- 4. The program will focus initially on three target populations:
 - Youth
 - Adults who are interested in quitting
 - Pregnant women

- 5. Activities will build on Washington's existing tobacco prevention infrastructure.
- 6. The program will maintain Washington's tobacco prevention partnerships.
- 7. Tobacco prevention and control policies, approaches, and activities will be culturally and linguistically appropriate.²
- 8. Tobacco prevention and control strategies and activities that create sustainable change will be emphasized.³

¹ The original principle stated that activities would "be based on science." The substitution with "guided by research and data" clarifies the intent of the principle.

² This additional principle acknowledges the disparities in tobacco use and health outcomes for certain racial, ethnic, cultural, linguistic, and socio-economic population groups, and the importance of addressing those disparities in ways that are appropriate to specific populations.

³ This additional principle acknowledges the limits of available funding and the need to focus tobacco prevention and control activities to affect changes in policy and program systems that are not dependent on continued funding.

Preventing Youth from Initiating Tobacco Use

Priority Outcome

Strategies

Audience

Community and school norms do not support tobacco use

 Strengthen and enforce no tobaccouse school policies

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School administrators, teachers, and staff

Enforce community policies prohibiting tobacco use and possession

Policymakers, law enforcement, community members, and youth

Youth are surrounded by constant, inescapable anti-tobacco information and messages Deliver mass media messages about harm of tobacco use

Newspaper, television, and radio reporters and editors

Deliver school education messages regarding harm and disapproval of tobacco use to all youth grades K-12 with emphasis on grades 5-9

School administrators, teachers, and staff

Opportunities for youth to become involved in anti-tobacco activities and reinforce tobacco-free values

School administrators, teachers, and staff, and community coalitions

Generate peer education regarding disapproval of tobacco use, targeting middle and high school youth, and, secondarily, elementary students

Youth and community coalitions

Programs and interventions are available that prevent addiction among experimenting youth

Provide appropriate programs and support for identified youth and special and priority populations

 School administrators, teachers, and staff

The planning group identified short-term outcomes, strategic priorities, and audiences to help implement the strategies for each of the four major goal areas identified in the 1999 plan. All of the strategies are based on current research and data, and on the professional experiences of planning group members. The priorities are intended to help

determine resource allocation and work planning of the Department of Health Tobacco Program and other organizations over the next four years. In addition, the priorities will improve the focusing of resources and promote sustainable change for tobacco prevention and control in Washington State.

Goal

Increasing Tobacco Cessation

Priority Outcome	Strategies	Audience
Limit exposure to pro-tobacco market- ing, promotions, and environments	Adopt local and statewide bans of smoking in indoor public places, and voluntary participation by tribes Minimize opportunities for tobacco industry promotions and prohibit all tobacco sampling	Policymakers, officials, and tribal commissioners Policymakers, officials, tribal commissioners, and business community
Achieve universal access to cessation and treatment support	Adopt policies for smoke-free out- door campuses and worksites	Employers and business community
	Increase provider and client knowledge of cessation services and health insurance coverage Achieve statewide access to individual cessation support (Washington Tobacco Quit Line and other evidence-based services)	Healthcare providers and systems, and healthcare insurers and purchasers, including the state Medical Assistance Administration and Health Care Authority
	Achieve coverage of pharmaco-thera- py and cessation support in all health insurance plans (including Medicaid and Basic Health Plan)	Healthcare insurers and purchasers, poli- cymakers, and busi- ness community
	Develop and increase availability of targeted and culturally appropriate cessation counseling programs reaching disparate populations	Tobacco Program and partners
Healthcare providers systematically intervene with tobacco users	Healthcare systems implement proven clinical models (provider reminder systems and provider education)	Healthcare providers and systems
	Encourage collaboration between	State agency officials

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and Substance Abuse, the

nicotine addiction

the state Department of Social and

Health Services/Division of Alcohol

Department of Health, and other entities as applicable to address

and professional asso-

ciations

Goal

Eliminating Exposure to Secondhand Smoke

Priority Outcome

Strategies

Audience

New public and private policies are created and existing policies are enforced to increase non-smoking environments

 Promote the adoption of state, local, and private smoke-free policies for all indoor public places

Business groups, policymakers, opinion leaders, enforcement agencies, community and faith organizations, professional associations, and general public

Promote the creation and enforcement of smoke-free policies for outdoor areas where children and/or large groups gather

Local government officials and staff, child-care groups, community organiza-tions, and general public

Promote the removal of state preemption to ensure local government has the right to enact strong, local smoke-free ordinances Local government officials, professional organizations, and general public

Non-smokers are motivated to demand smoke-free air and worksites

Public education, including public relations, grassroots marketing, and media advocacy at state and local levels to increase awareness of secondhand smoke as a health threat and the need for new policies

Local government officials, professional associations and groups, business community, community groups, and general public

Mass media messages regarding harmfulness of secondhand smoke

Newspaper, television, and radio reporters and editors

Change the cultural acceptance of secondhand smoke through training, public agency modeling, modeling on how to address public smoking, and addressing the fact there is no "right" to smoke

Employees and general public (creating a new culture of non-smokers' rights) and healthcare providers (delivering informa-tion regarding harmfulness of secondhand smoke)

Goal

Identifying and Eliminating Tobacco-Related Disparities in High-Risk Groups

Recognizing that activities to accomplish this goal necessarily extend across all goal areas, the Tobacco Program developed and is implementing the *Strategic Plan for Identifying and Eliminating Tobacco-Related Health Disparities in Washington State*. The work group addressing this goal focused on building and sustaining tobacco prevention and control capacity to achieve success across all four goal areas.

Priority Outcome

Meaningful data are available to partners and applied for ongoing quality improvement of programs

Tobacco prevention and control is a positive and high priority activity in the public and political agenda

Partners have coordination, support, and access to resources for tobacco prevention and control

Strategies

Provide current and accurate information to the public, stakeholders, and local and state policymakers

Ensure data is communicated effectively to policy-makers

Consistent themes and messages about tobacco control are delivered using a high degree of cultural and community competence via public education (public relations, grassroots marketing, and media advocacy)

Create and maintain inclusive networking opportunities (i.e., regional and state meetings) for local, regional, and community partners, grassroots organizations, and special and priority populations

Expand information sharing among stakeholders using multiple methods (Tobacco Program news-letter, conference calls, list-serve, Web site, and conference posters)

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For More Information

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